



ALL CIF – SOUTHERN SECTION GIRLS VOLLEYBALL INFORMATION

To: All Southern Section Head Coaches
From: Mike Middlebrook, Assistant Commissioner, Girls Volleyball
Re.: Selection Process for ALL CIF Southern Section

Head Coaches from each division are requested to nominate players for possible selection to the All CIF Southern Section Girls Volleyball Team. Once all the nominations have been submitted the Girls Volleyball Advisory Committee will make the final selection for each of the nine divisions.

Nominations are due no later than **Wednesday, November 3, 2021 by 10:00pm.**

Nominations must be submitted using the Nomination Form (next page) and emailed directly to the assigned division representatives.

Division 1 / 2	Mike Wadley	mwadley@lbschools.net
Division 3	Courtney Krueger	ckrueger@cnusd.k12.ca.us
Division 4	George Hees	mrhees@hotmail.com
Division 5	Jeff Porter	bionvbguay@yahoo.com
Division 6	Frankie Perales	frankiep22c@aol.com
Division 7	Dillan Bennett	dbennett@bishopdiego.org
Division 8	John Doles	idoles@ggusd.us
Division 9	Lynsey Mikhail	lynsey.mikhail@gmail.com

Participating in the current years Southern Section playoffs is not a requirement to be nominated.

If you have any questions, please contact our office at 562-493-9500 or email to lisam@cifss.org

Thank you in advance for your assistance and ensuring your players are represented.



ALL CIF – SOUTHERN SECTION GIRLS VOLLEYBALL 2021 NOMINATION FORM

Head Coach: We would appreciate your prompt cooperation in returning your nomination form to us, noting your: Team Selections, outstanding performers' from your team, League Selections, outstanding performers' from your League, and outstanding performers outside your division. As well as your Division Player and Coach of the Year.
Forward your All League First Team List if available.

Please return this Nomination Form to us NO LATER THAN WEDNESDAY, NOVEMBER 3, 2021

Your input is very valuable. All coaches are asked to fill out all or part of this form and return by the deadline. Participating in the playoffs is not a requirement to be selected ALL-CIF.

Your High School _____ Division _____ League _____
 win _____ lost _____

Head Coach _____ Team Record: _____
 Head Coach Cell # _____ League Finish: _____

RECOMMENDED PLAYERS FROM YOUR TEAM. IN ORDER OF ABILITY

PLAYERS' NAME	NUMBER	GRADE	POSITION	AWARDS
1 _____				
2 _____				
3 _____				
4 _____				

RECOMMENDED PLAYERS FROM YOUR DIVISION ONLY. IN ORDER OF ABILITY

PLAYERS' NAME	NUMBER	GRADE	POSITION	SCHOOL
1 _____				
2 _____				
3 _____				
4 _____				
5 _____				
6 _____				

YOUR LEAGUE PLAYER OF THE YEAR: _____
 SCHOOL: _____

If selected by due date, please send First Team All League Information with this form.

RECOMMENDED PLAYERS FROM OUTSIDE YOUR DIVISION. IN ORDER OF ABILITY

PLAYERS' NAME	NUMBER	GRADE	POSITION	SCHOOL	DIVISION
1 _____					
2 _____					
3 _____					
4 _____					

RECOMMENDED DIVISION PLAYER OF THE YEAR _____
 School _____

RECOMMENDED DIVISION COACH OF THE YEAR _____
 School _____

**If your form is not turned in, your players may not be recognized.
E-mail the completed form to your division representative on or before Wednesday, Nov. 3, 2021.**